

237199



Fax Transmission

Date: 6-13-12

Total Pages (including cover page)

Page 1 of 10

TO: SCPSC

ATTN:

FAX NO: 803-896-5199

SUBJECT: Prestina A. Williams / EZ Rider

FROM: Prestina A. Williams

FAX NO:

TELEPHONE: 803-286-0718

NOTES:

Application for Class C Charter Bus  
Certificate

This facsimile message is confidential and intended for the use of the  
above noted person.

If you received this message in error please notify us immediately.

Form #76 Rev. 11/06



STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

dba EZ Rider

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2012 - 242 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Prestina A. Williams

Telephone: 803-286-0718

Address: 1744 Carnes Wilson Rd  
Lancaster SC 29720

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*[Handwritten signature]*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: \_\_\_\_\_

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Prestina A. Williams dba EZ Rider

1744 Carnes Wilson Rd, Lancaster SC 29720

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-286-0718

Phone

Fax

prestina@comporium.net

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

## DESCRIPTION OF EQUIPMENT

[illegible]

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Prestina A. Williams dba E Z Rider

Name of Applicant

1744 Carnes Wilson Rd, Lancaster SC 29720

Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

*See attached*

**Minimum Limits - Intrastate Only:**

**16 or More Passengers\* \$ 25,000/300,000/25,000**

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

# COVERAGE AND PREMIUM OPTIONS

## CANAL INSURANCE COMPANY

### AUTO LIABILITY - FIRST DOLLAR COVERAGE

Auto Liability - \$5,000,000 CSL (Symbol 7)

Type Vehicle	Premium/Unit	# Units	Total Premium
Charter Van	\$6141 x	1	\$ 6,141
Uninsured Motorists Coverage – Symbol 7 (\$75,000 CSL)			Included

**TOTAL AUTO LIABILITY: \$6,141**

### PHYSICAL DAMAGE

\$1,000,000 Per Occurrence Limit

\$1,000 DEDUCTIBLE

Comprehensive/Collision

<u>Type Vehicle</u>	<u>Value</u>	<u>Rate</u>	<u>Total Premium</u>
Charter Van	\$10,000	.0512	\$ 512

#### PREMIUM SUMMARY

Physical Damage Deductible	Auto Liability Premium	Physical Damage Premium	Net Annualized Premium
\$1,000	\$ 6,141	\$ 512	\$ 6,653

Loss Control Fee: \$100

Although not required in this state, may be used with ACORD 360, four part perforated watermark 32 lb. paper.

6/11/2012

**SOUTH CAROLINA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER 23248 COMPANY **Occidental Fire & Casualty Company of NC** ☒ COMMERCIAL ☐ PERSONAL

POLICY NUMBER CA00037719 EFFECTIVE DATE 06/12/2012 EXPIRATION DATE 06/12/2013

YEAR 2003 MAKE/MODEL Ford E-450 VEHICLE IDENTIFICATION NUMBER 1FDXE45F73HA62324

AGENCY/COMPANY ISSUING CARD  
Thomas Wood Insurance Agency, LLC  
105 Dovershire Ct.  
Cary, NC 27513

INSURED  
Prestina Williams DBA  
E Z Rider  
1744 Carnes Wilson Road  
Lancaster, SC 29720

Coverage Meets SC Minimum Financial Responsibility Requirements  
SEE IMPORTANT NOTICE ON REVERSE SIDE

**SOUTH CAROLINA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER COMPANY ☐ COMMERCIAL ☐ PERSONAL

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD  
Thomas Wood Insurance Agency, LLC  
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**Exhibit Fit, Willing, and Able (FWA)**

Prestina A. Williams dba EZ Rder

Name of Applicant

2299110

U.S.D.O.T No.

MC 788318

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Preston J. Williams  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Lancaster )

WORN TO BEFORE ME  
day of June, 2012  
Mark S. Gardner  
Notary Public  
Mark 24/2012

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

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Preston J. Williams  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Laurens )

SWORN TO BEFORE ME  
This 13 day of June, 2012

Amber S. Gardner  
Notary Public

Commission Expires March 24, 2012